

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



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| 1. File Number U- 5936 | 2. Fiscal Year Covered From: 01 / 01 / 04 Through: 12 / 31 / 04 |
| 3. Name and address of person filing. Name Mary G. Millar P.O. Box, Bldg., Room No., if any Street Ct Health Care Associates City 261 Center Street Wallingford State CT ZIP Code + 4 06492-4113 | 4. Name, file number, and address of labor organization. Name Ct Health Care Associates, NUHHCE, AFSCME Labor Organization File Number 516-769 P.O. Box, Building and Room Number, if any Street 261 Center Street City Wallingford State CT ZIP Code + 4 06492-4113 |
| 5. Position in labor organization. President | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Mary G. Millar

On

08-11-05

Date

203-265-2297

Telephone Number

| | |
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| Name of Person Filing Mary G Millar | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p> |

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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Marco Consulting Group</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1220 Adams Street</p> <p>City Boston</p> <p>State MA ZIP Code + 4 02124</p> | <p>14.a. Nature of payment.</p> <p>Complimentary dinner at 2004 Client Conference</p> |
| <p>13.b. Is the Business an Employer or Consultant X ?</p> | <p>14.b. Amount of payment.</p> <p>\$52.08</p> |

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| Name of Person Filing Mary G Millar | File Number U- |
|--|----------------|

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| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.b. Is the Business an Employer or Consultant X ?</p> | <p>14.b. Amount of payment.</p> <p>\$56.90</p> |

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| Name of Person Filing | Mary G Millar | File Number U- |
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| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p> |

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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Ct HealthCare Associates Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 60 North Main Street</p> <p>City Wallingford</p> <p>State CT ZIP Code + 4 06492-7617</p> | <p>14.a. Nature of payment.</p> <p>Reimbursement of expenses for 2003</p> <p>International Foundation Employee Benefits</p> <p>Conference</p> |
| <p>13.b. Is the Business an Employer X or Consultant ?</p> | <p>14.b. Amount of payment.</p> <p>\$1,407.08</p> |

Name of Person Filing

Mary G Millar

File Number U-

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **Ct HealthCare Associates Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **60 North Main Street**City **Wallingford**State **CT**

ZIP Code + 4

06492-7617

14.a. Nature of payment.

**Reimbursement of expenses for
2004 Marco Client Conference**

13.b. Is the Business an Employer **X** or Consultant ?

14.b. Amount of payment.

\$1,496.70

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| | <p>12.a. Nature of interest held or income received.</p> |
| | <p>12.b. Amount.</p> |

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| <p>13.b. Is the Business an Employer X or Consultant ?</p> | <p>14.b. Amount of payment.</p> <p>\$189.90</p> |